

COMPLETED

RECEIVED
CENTRAL FAX CENTER

001/003

MORRISON | FOERSTER

555 WEST FIFTH STREET
LOS ANGELES
CALIFORNIA 90013-1024

TELEPHONE: 213.892.5200
FACSIMILE: 213.892.5454

WWW.MOFO.COM

MAY 05 2008

MORRISON & FOERSTER LLP
NEW YORK, SAN FRANCISCO,
LOS ANGELES, PALO ALTO,
SAN DIEGO, WASHINGTON, D.C.

DENVER, NORTHERN VIRGINIA,
ORANGE COUNTY, SACRAMENTO,
WALNUT CREEK, CENTURY CITY

TOKYO, LONDON, BEIJING,
SHANGHAI, HONG KONG,
SINGAPORE, BRUSSELS

To:

NAME:	FACSIMILE:	TELEPHONE:
Centralized Facsimile Center US Patent and Trademark Office	571-273-8300	

FROM: Vincent J. Belusko**DATE:** May 2, 2008

Number of pages with cover page:	3	Originals Will Not Follow
-------------------------------------	---	----------------------------------

Preparer of this slip has confirmed that facsimile number given is correct: 11641/LDS**Comments:**

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/020,797
	Filing Date	December 12, 2001
	First Named	S. MERCEREAU
	Art Unit	
	Examiner Name	
	Attorney Docket	480102004800

Enclosed are the following documents:

1. Transmittal – 1 page
2. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address – 1 page

To ensure compliance with requirements imposed by the United States Internal Revenue Service, Morrison & Foerster LLP informs you that, if any advice concerning one or more U.S. Federal tax issues is contained in this facsimile (including any attachments), such advice is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any transaction or matter addressed herein.

CAUTION - CONFIDENTIAL

This facsimile contains confidential information that may also be privileged. Unless you are the addressee (or authorized to receive for the addressee); you may not copy, use, or distribute it. If you have received it in error, please advise Morrison & Foerster LLP immediately by telephone or facsimile and return it promptly by mail

**IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE CALL
LINDSAY SEYDEL AT (650) 813-5827 AS SOON AS POSSIBLE.**

OC-340587

PTO/SB/21 (01-08)

Approved for use through 04/30/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

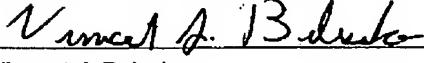
(to be used for all correspondence after initial filing)

Application Number	10/020,797		
Filing Date	December 12, 2001		
First Named Inventor	S. MERCER		
Art Unit	RECEIVED CENTRAL FAX CENTER		
Examiner Name	MAY 05 2008		
Total Number of Pages in This Submission	2	Attorney Docket Number	480102004800

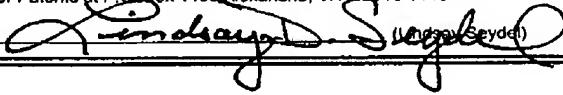
ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request to Withdraw as Attorney and/or Agent - 1 page
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Vincent J. Belusko		
Date	May <u>2</u> , 2008	Reg. No.	30,820

I hereby certify that this correspondence is being transmitted via facsimile (fax no. 571-273-8300) to the USPTO Commissioner for Patents at P.O. Box 1450, Alexandria, VA 22313-1140

Dated: May 2, 2008Signature: 

oc-340507